

DETAILS OF THE PRINCIPLE INSURED																					
Policy Number										Claim Number											
Surname										Name											
ID Number										Policy Number											
Email										Tel ()											
DETAILS OF THE DECEASED																					
Surname										Name											
ID Number										Date of Birth											
<input type="checkbox"/> Principle Insured <input type="checkbox"/> Spouse <input type="checkbox"/> Common Law Spouse <input type="checkbox"/> Child <input type="checkbox"/> Student <input type="checkbox"/> Extended Family Member																					
Date of Death					Cause of Death			Vehicle Accident		Drowning		Shooting		Other		<i>Specify Below under comments</i>					
Benefit Amount <i>R</i>										Comments											
PARTICULARS OF THE DEATH CLAIM																					
SAPS CASE Number										Police Station											
Investigating Officers Name										Investigating Officers Contact											
Circumstances of the Death																					
Is anyone being investigated / been arrested in this case?										Yes		No									
If "Yes", is the person directly related to the deceased?										Yes		No									
Is the death being investigated as SUICIDE?										Yes		No									
DECLARATION AND SIGNATURE OF THE INVESTIGATING OFFICER																					
<i>I hereby declare that the information provided in this document is accurate and correct</i>																					
Signature										Date						OFFICIAL STAMP					